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LEADING ARTICLES

PRE-HISTORIC SYPHILIS IN AMERICA.

ALBERT S. ASHMEAD, M. D.

CANADENSIS, PA.

Pocono Mountain Home for Convalescents.

On October 24, 1907, Mr. Julio C. Tello of the Biblioteca Nacional, Lima, Peru, wrote me as follows:

"Pardon the liberty I take to distract your attention, which I am obliged to do, only by the fervent admiration that I have for your works on the indigenous pathology of my country.

"I have acquired in different excavations practised by myself during three years on many Chullpas and Chaukallas (dolmen and cavern-graves) of Huarochiri, a numerous collection of crania and mummies among which are found more than a hundred terpanned crania, and some examples with manifest pathological lesions, that I judge will contribute some to the solution of many of the problems, such as syphilis, tuberculosis and pre-columbian leprosy to be traced, and in which you have been one of the most enthusiastic investigators.

"I may remark, that in Huarochiri, whose numerious mines I have visited, since a child, is where were extracted the majority of the trepanned crania, that form the Muniz collection; that in that place is endemic Peruvian verruga, and Uta; that about this last disease there may yet be discussed (due to the failure of experimental works, in which I have had respectable participation) whether it may have the tuberculous germ, and moreover, that the nature of the lesions which Uta produces, may in many cases make the diagnosis even with leprosy difficult.

"I hope to present to the Faculty of Medicine of Lima, to obtain the doctorate a resume on primitive surgery in Peru, based on the collection which I possess, in one of the sections of the Biblioteca Nacional, and the bibilography that on this point, has become accumulated, for which reason I pray that you will do me the immense favor of adapting to my use, if it is possible, the works which you may possess on this point, especially your America Pathological Notes; Pre-columbian Surgery, Syphilitic Lesion observed on a Precolumbian skull.

"I only know of your works, your pamphlet on Pre-Columbian Leprosy, and those which you have sent to Dr. Grana.

"Likewise, I beg that you will inform me whether there exists any publication on the trepanned crania of theBandelier collection, and whatever other indication, that may be judged of interest, and I will assure you that your words will be for me a great guide in the investigation and otherwise.

Very truly, etc.,
JULIO C. TELLO."

In reply, I freely placed at Mr. Tello's command a copious supply of the data he had requested.

On March 12, 1909, Dr. Francisco Grana, the director of health, Lima, Peru, wrote me his last letter regarding an investigation which he and myself had been engaged in, viz., whether the llamas of ancient Peru were inoculable with human syphilitic virus. Some of this experimentation I have already published in American Medicine and in the American Journal of Dermatology. In his latest communication Dr. Grana says:

"Complying with my offer, I have pleasure to send you today all the latest publications on 'Syphilis in Peru,' and on 'Uta,' whose reading I judge will prove for you of deepest interest. Until this moment it has

not been possible to send you anything definite on the experimental syphilis in llamas. Just now we are engaged in, with Tello and Palma, extensive works, which I judge will permit us to draw definite conclusions in this particular. The only thing that I can say now, is that the last inoculation on them, of which you were given knowledge have been always negative. We still await the arrival of llamas (called syphilitic) from the Department of Puno. At the same time I communicate to you, equally important questions on some examples of huacos of extreme significance, that have been studied recently.

Your affect. friend, etc.,

FRANCISCO GRANA.

Among these important works which Dr. Grana so courteously placed at my disposal, is the one written by Mr. Julio C. Tello, as thesis, and which has obtained for him his desired doctorate in medicine. The title of the book, bound in cloth of 208 pages, printed in Spanish, is "La Antiguedad de la Sifilis en el Peru." (Sanmarti y Ca, Lima, 1909). It is dedicated to his friend Don Ricardo Palma, and to Dr. Albert S. Ashmead of New York.

In the introduction he says that for a number of years he has been making scientific investigations in Huarochiri, and a part of the province of Yauyos. He has excavated (or visited) a majority of the tombs and habitations of the present-day Indians ancestors. He calculates that he has exhumed approximately some fifteen thousand crania and mummies. He has catalogued the Indian names of the greater part of the flora and fauna. He has also studied the curious vestiges in ancient folk-lore, learned the native language moderately well, by which he concludes that 70 per cent of its vocables constituting its lexicon, are Aymaran.

In the presence of all these valuable data and of a collection of more than a thousand crania and mummies, having numerous cranial deformities and anomalies, pathological lesions, undoubted, and more than 500 trepannations, he commenced the study of McGee's brilliant work on trepannation from the nineteen trepanned crania in the Smithsonian Institution, Washington, of the Muniz collection. This essay he offered to the Geographical Society of Lima. He amplified this work by a greater knowledge obtained from the literature, and of the different explanations that had been given for the different forms of trepannation, their frequency, and the successful outcome of many of the most cruel interventions, as deduced by manifest regenerations, evidences of repair at the borders of the trepanned openings; the osseous ulcerations, the presence of exostosis, necrosis and fissures, or depressions caused by the cranial traumatism, which evidently had induced the so common intervention of trepannation as a surgical measure of relief. When, as it so happened, there fell into his hands a pamphlet "of Dr. Albert S. Ashmead, of New York," which caused him to write to him and beg his help in the theme "Precolumbian Surgery," which he had intended to present to the illustrious faculty of Lima. "Dr. Ashmead," he graciously says, "to whom he fervently sends thanks, not only animated him with words of counsel, but showed him a great part of his works, photographs, books, notes, etc., so generously that he could not in time, take from his daily scholarly labors, enough time to embrace all that was given him in the theme suggested, a study that would have been too tedious, even limiting it to the surgical interventions observed in his own collection." He therefore abandoned the consideration of the accumulated historical data, and thought to limit himself only to the motives which had induced the primitive Peruvians to practice trepannation. As well on this point, it was necessary to restrict further the theme. Even only the description of the cranial traumatisms as to the motives of trepannation would demand a great volume. "I selected finally," he says, "after a few months, to offer to the exalted consideration of the faculty, the historical points gathered with the intention of proving the antiquity of syphilis in Peru, which I judge may be deemed an important paper, among the multiple motives that induced the practice of surgical intervention on the cranium."

"He believes firmly," he says, "in the truth of the hypotheses that he tries to sustain. The documents which he presents have been studied without the least passion. He has referred, he says, "perhaps with dislike at the beginning, to articles and works that treat of the American origin of syphilis. But in none of them has he encountered anything of importance which would make syphilis in Peru anterior to the Conquest." "Many physicians," he says, "and writers who have spoken of syphilis in ancient Peru, have leaned on false data, confounding this disease with Peruvian verruga—that and others. "Other physicians of ours," he says further, "who in their time have shone as stars of first magnitude, and who have written on the origin of syphilis, like the lamented Llano

Zapata,* the scholarly Davalos† and the no less commendable Tafur‡, especially this last, who spoke of its American origin, only make reference to the arguments that since Astruc have been given on this question without citing anything that makes special allusion to Peru.

We have been constantly aided, he says, by our companion in study, Senor Ricardo Palma, who has accompanied us in voyages and explorations, that we have mentioned, and has contributed with his lights, to the better clearing up of the problems that we treat of here.

Also, we owe a great deal of thanks to Dr. Francisco Grana, who, has loaned to us the works which Dr. Ashmead had sent him, and lastly, to our friend Senor Victor Fernandez Davila, who in a voyage that he made to Chili, has brought back some data from the Biblioteca Nacional of Santiago.

The work "La Antiguedad de la Sifilis en el Peru," has as frontispiece a colored plate copied from the System of Syphilis, by Dr. D'Arcy Power, Vol. II, a face of a man whose upper lip is freshly eaten, showing throughout red granulations. It is entitled "Corrosive ulcer of the upper lip, supposed in the beginning to be cancerous, but after wards found to be syphilitic, as it was cured after treatment.

He quotes in a preface accompanying the plate Fournier's definition of syphilis.

We have made, he says, a dissection of this disease in its most evident and important attributes, with the object of ascertaining its existence in the languages, religious beliefs, customs and superstitions of ancient Peruvians, and what is of greater interest even in the numerous skeletons and huacos which their habitations and tombs preserved; so as to be clearer and proceed with order, in the course of this dissertation, as procured thereupon preserving the verity of syphilis in its so multiple and various manifestations.

According to this schemata the problem may be traced in the following propositions:

I. Synonym of Syphilis. If among the ancient languages of Peru, there exists some word, which designates a disease which has some of the more prominent characters of syphilis, or that is synonymous.

II. Causes Which Predispose to the Contagion. If the customs or ancient social state favored the propagation of a disease, whose contagion is commonly verified by sexual relations.

III. Primary Accident of Syphilis. The chancre being the initial accident, or rather, the obligatory sign of syphilis, and which in general, takes root in the genital organs, see if it is possible to conjecture its existence in antiquity.

IV. Cutaneous Syphilides of the Secondary Period. If there can be deduced something in favor of the existence of syphilides, which as is known represent the most important of the early manifestations of syphilis.

No. 1. A corrosive lesion of frontal and parietal bone, probably a gummous osteomyelitis.

V. Gummous Syphilides. Whether there is anything that would make us suspect the existence of tertiary accidents gummous or sclerosed.

VI. Syphilitic Bones. If in the skeleton remains of the gentry, there exist specific lesions of syphilis.

In the first chapter of the book, entitled Synonyms of Syphilis in the Quechua and Aymaran Tongues, Etymology of the word huanthi, he finds that in the greater part of the ancient and modern vocabularies of the principal tribes of South America, there are words synonymous with the Spanish word buba.

Montejo and Robledo (Cuales son las principales enfermedades contagiosas que reciprocamente han cambiado entre si los pueblos del Antiquo y del Nuevo Mundo? Procedencia Americana de las bubas. Congreso International de Americanistas, Madrid, 1882) have showed that the word

*Disertacion Historica Lobre el Mal Venereo. En Memorias historica—Fisico Apologeticas de la America Meridional, Public. por la Biblioteca Nacional de Lima, 1904, p. 172.

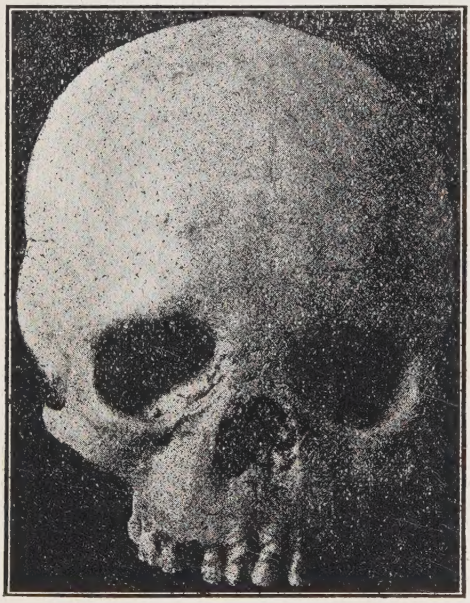
†Josephi Emanuel de Davalos De Morbis Non-nullis Lemal grassantibus inforunque therapeid Monspelii MDCCL, xxxvii.

‡Tafur. Elorigen Americano del Mal Venereo Manuscrito de las Biblioteca Nacional de Lima.

"buba" was not American. It signified pustule and swelling of matter which goes out of the body. It is synonymous with the Spanish word pupa.

The epidemic syphilis of the fifteenth century in Europe, forced the use of a word known and distinctive of the recent appearing contagion. Lopez de Villalobos, in 1498, said the people applied this word to the new epidemic.

All the old and more modern linguistics of ancient Peru have preserved the linguistic stocks of the Quechua and Aymaran tongues. Thus the word buba, has survived in all the indigenous vocabularies from the powerful tribes of those two races.



No. 2. An exostosis of the frontal bone and destruction of lesion about the nasal orifice.

There hardly exists a vocabulary, ancient or modern, of extensive or abridged lexicon what does not contain the word huanthi, common to both tongues, and with the same signification of bubas (plural). Thus they make of it, a common origin from the Quechua and Aymaran. Fray Domingo de Santo Thomas "Lexicon O Vocabulario de la lengna general del Peru" (the first Diccionario espanol-quichna) does not include anything respecting bubas.

Montejo and Robledo, say "that though he has for may years consecrated himself to a knowledge of that idiom, the vocabulary which he brings to light fails in many vocables."

In the "Artey vocabulario de la lengna general de Peru llamada quichua M.D. L. xxxvi, Antonio Ricardo (as also does the Jesuit father Diego Gonzalez Holquin (MDCVIII) mentions words referring to bubas.

Huanthi—Buuas.

Huanthi pcuccifcam — Buuoso (like de buuas) etc, etc. Numerous other words are mentioned similarly connecting the one disease with the other (see Tello's "La Antiguedad dela Sifilis en el Peru").

In the vocabularies of Francisco del Canto (1614 and 1754), and that by Diego de Torres Rubio and Juan de Figuerado are reproduced the same words. Also the lexicographers of modern times, Honorio Mossi, J. J. von Tschudi, E. W. Middendorf, Diccionario Quechna Castellano (1860); Die Kechua Sprache (1853); Wortsrbuch des Runa sini oder der Keshua Sprache (1890) repeat the same.

Ludovico Bertonio (Vocabulario de la lengna aymara, 1612, who was employed in instructing Indians (Aymaran) in Spanish, and who could write in their own tongue, with all possible exactitude and propriety Spanish words, traces the following: Huanthi o. Tturu vssu—bubas (or similar disease). Huanthi vssutha—having them. Huanthi apaquiptilo—to be afflicted with them. And nine other similarities, the last one being Huanthi haque — buboso. Diego Torres Rubio (Arte de la lengua Aymara, 1616) has the same words as Bertonio.

Down to today we find the word huanthi in both Quechna and Aymaran tongues all over Peru (see ocabulario Poliglota Incaico 1895), compiled by the Franciscans of Cuzco, Junin, Ancash and Callao.

Dr. Lorena (La Medicina y la Trepanacion incasica Chronica Medica, 1890) wrote: "Syphilis or Huanthi was due as result of disordered and licentious life, also it is referred to in animal virus which the llama and tordo pass to man."

Dr. Louis Carranza (Coleccion de Articulo, 1880) speaking of the etymology of Huanta, a province of the department of Ayacucho, believes that it was derived from huanthi, a name by which is known the chihuaco—or that is Merula Chihuaco of Taczi" (syphilis?).

Dr. Barranca assures me that a great part of Peru was called Huanthi, the Turdus Serranus of Tschudi, because they had the belief that that animal had an ulceration or excrescence in the anus. Dr. Tello on numerous occasions has gone over the provinces of Huarochiri and Yauyos, and proved in all their towns the existence of this vocable Huanthi, as synonymous with gallico.

However, the same etymology of huanthi

is confirmed in its real acceptance, if we believe the opinion of a "Quechistic "linguist" as worthy as Dr. Barranca.

According to him Huanthi is equivalent to hua, na, thi. The root hua indicates concomitance of good with bad things indifferently; na expresses pain, suffering; thi multiplicity, frequency, plurality.

Conjoined huanthi symbolizes the idea of something painful and persistent, which has reference to a chronic disease of the nature of syphilis.

On the other hand, it is worth taking into account, Tturu-vssu, which Father Bertonio traces as equivalent with huanthi, translating literally from Aymaran, it corresponds to the Spanish "corrosive disease," thus the vocable Tturu is equivalent to "corrosive" and vssu is "disease" in classic Aymaran.

Tturutha—Roer—"to eat." Tturutha—"to be consumed." Cchamama tturutha—"all the body is consumed." Hufucu Vffuna tturuta vel Ttucufuta—"to eat as cancer." Tturuquipa ttururutha—"to rot a bone and other things also."

It deduces, then, says Dr. Tello, to draw the analysis, that we must conclude that this word huanthi, as in the Aymaran, so in Quechua, has designated since an indefinitely remote time, a corrosive disease, contagious, transmitted probably by the genital organs (the reference to the llama makes this last probable) and that there is nothing to oppose its being applied to syphilis.

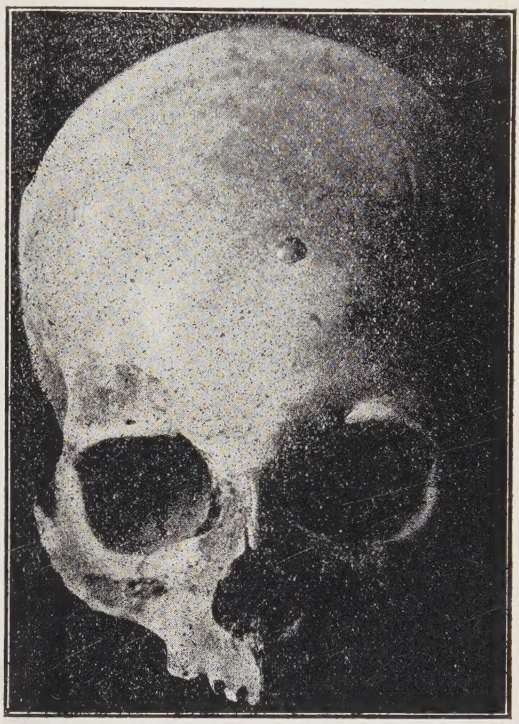
In primitive times in the eastern part of the province of Lima, Peru, limited on the west by Cordillera of the Andes, there existed a warlike tribe of Indians, whose genesis and history today are inaccessible to scientific investigators.

In 1586 Diego Davila Brizeno in his Relacion y Description of the land of the Yauyos (the name of these Indians) said that they comprised not more than 200 little towns, having wars with the Yungas of the plains and coasts. These Indians were geographically divided into Anan Yauyos and Lorin Yauyos, the first formed the province of Yauyos proper, the second belonged to the province of Huarochiri.

In the territory of the Lorin Yauyos (Huarochiri) Dr. Tello has exhumed some thousands of cadavers. From the caverns and soil of the Chaukallas, or habitations which these primitives had constructed he obtained the crania, which I reproduce in photograph here.

But before we go further, let me say a few words on the words Chullpas and chaukallas with which their tombs are designated; caverns and ancient habitations of these Yauyos.

By the word chullpas is meant currently the funereal edifices of the ancient inhabitants of Peru and Bolivia. Some anthropologists believe that they are similar to the European dolmens. Bandelier has declared by the study of some hundreds which he visited in Bolivia that the chullpas are not the sepulchral edifices as is generally believed, but the habitations of the ancient Bolivian Aymarans anterior to the empire of the Incas. He found human remains with relative frequency beneath



No. 3. An exostosis of the frontal bone.

them, which only show the custom of interring there their cadavers, as yet other savage tribes do on this same continent. But even Bandelier does not know the origin of this word, and he supposes that it was formed since the conquest of Peru by the Spaniards. But no one of the chronicles can be cited in this acceptance, nor the authors of the vocabularies most ancient and complete as Bertonio and Holquin.

Marcos Jimenez de la Espada in a note to the Historia del Nuevo Mundo by Father Bernabe Cobo, says: The mortuary towers are generally called chullpas, in my conception with impropriety, because chullpa is an Aymaran word signifying swaddling tissue of ichu or of torora a kind of basket,

in which the cadavers are wrapped, as is done with some bottles, adjusting it to the body and head, and leaving the face uncovered. This etymology is taken from Bertonio who in his vocabulary says: "Chullpa, tomb or enclosure where they place their dead."

The vocable chaukalla not catalogued down to today, by the Quechuists and Aymaranists, is very much used by all the peoples of Huarochiri and Yauyos provinces, with the same designation that it has had since its origin, that is habitations of stones of the natives. Chaukalla is applied in the town of Huarochiri to the house of stones which the goat shepherds build to encircle their flocks. Chaukalla also is the name used for the traps of stones which are constructed on the hills for the chase of foxes, very similar to the houses of the natives. And in the town of Yauyos there exists the Spanish word chaukallar, "to hide, to conceal an object among stones." Perhaps the word has preserved the architectural integrity of these races belonging to the Hakearo or Cauki in that tongue of primitive times of Peru, and to which only survives in all its integrity lexicographic, and grammatical in some towns in the province of Yauyos. Can we not suppose that the word chaukalla is found to be the primitive root of the modern word chullpa? If such is the case, and it is probable, the real acceptance given to the word that Bandelier gives it, chullpa holds the support of its etymology. The chaukallas (caverns) are widely scattered. Their antiquity is evident. In none of them is encountered anything to make us suspect a Spanish intrusion. These are habitaticns and caverns, which reveal an infantile civilization. And in them there are not found objects of clay so frequently as in the constructions on the coast. All the utensils are gross and rudimentary. Scarcely ever is seen any kind of copper and arms, or maccanas, conopas (Incan war implements) and other stone objects.

The construction of these chaukallas show three distinct stages of civilization which succeeded each other at different periods. Without going into details, I may say, that the first corresponds to the time anterior to the Incas when the Indians lowered themselves down the declivities. The second, is Incasic, as shown by objects of ceramic present, the third are constructions later abandoned during the colonization, or in the first years of the Republic. The names and words recognized today in these two provinces, Huarochiri and Yauyos, where the chaukallas exist, are mainly Incan, or pre-Incan, that is Aymaran, from whom the Incans got the Aymarans word huanthi (syphilis). The Incans reached the apogy of their grandeur, during the reign of Huayna Capac consolidating their conquests, subduing the different Aymaran tribes to Incan despotism. At this time also occurred as well, the apogy of their language, which Mayta Capac and his successors imposed upon the conquered tribes. But it is supposed by philologists that anterior to this time, the Incans had occupied a vast territory, yielding their linguistic roots to the Chibchas of Cundenamarca, the Mayas of Yucatan, the Tupis and Guaranis of Brazil, the Araucanos of Chili, and different dialects found in Tucuman and the Argentine Republic.

Preceding the Incans, the Aymarans, over-ran a vast territory, over which they had primitive dominion. Numbers of words in some provinces show Aymaran derivation. "Bandielier's Researches in Peru and Bolivia," has given us numbers of words, thus derived, and one of the ruins near Cha-chapoyas and Kue-lap (both Aymaran names) is called Aymarabamba (plains of the Aymaras).

Dr. Carranza found in some chullpas near the city of Tarma a cranium pyramidal formed, dolicocephalic characteristic of the Aymaran race. The Aymarans, as Bandelier shows in the numerous skulls he has sent to the American Museum of Natural History, New York, deformed the heads of their children, by pressing boards on both sides, tying them on, to force the skull to grow dolicocephalic. Thus some skulls are enormously lengthened. This custom was just the contrary to the Calchaqeans of Argentina. They tied boards or stones about the childrens heads to make them grow brachicephalic (square-headed). I myself have presumed that these varying customs, had origin in ancient France before quaternary man had appeared on this hemisphere, by crossing the Atlantic Ocean, when there was a land route over the Canaries and West Indies. For there it was the square heads of Northern Europe, who drove the Iberian long-heads across the ocean's land route. And certain it is that the Aymaran custom of trepanning skulls, came from ancient France and the Guauche Indian of the Canaries. The hatred of long-heads to square-heads was warlike. It antedated man here, and vice versa, the square-heads, hated the long-heads.

The dolicocephalic skull found in a chullpa by Dr. Carranza, was thought to have lived in the time of Inca yupanqui, because then

occurred the conquest of the Tarma and Bourbon tribe. Some say that Aymarans were carried there to appease the Aymaran discontent.

There is a language found in the midst of others called Cauki. A profound silence follows inquiry regarding its origin. It is spoken on the shores of Lake Titicaca. The people's translation to these parts took place, it is thought, in the time of the great Tupac Yupanqui who had conquered the coast. Dr. Barranca and Dr. Villar believe it to be a special entity, distinct from Quechua, in view of the connection which the cauki has in many of its words with Aymaran. It offers characters of a tongue very ancient, and the province of Yauyos was conquered only during the reign of Inca Pachacutec. It is believed that the remaining Aymarans have left it as remembrance of their ancient dominion. This language of the Yauyos (pre-Aymarans), has hundreds of words left of plants, animals, idols, etc. The analogy between Cauki and Aymaran is not preserved.

Some Indians of Tupe or Cachuy do not speak Cauki or Aymaran, but Haki Aru the human tongue which the Quechua call in their idiom Runa Simi. Camarka—man, in Tupe, is Karma, as in Aymaran.

"Uso" in Tupe is Nasa, or nose in Aymaran. In Tupe "Uso" means disease, a patient in Tupe is called "Usiri."

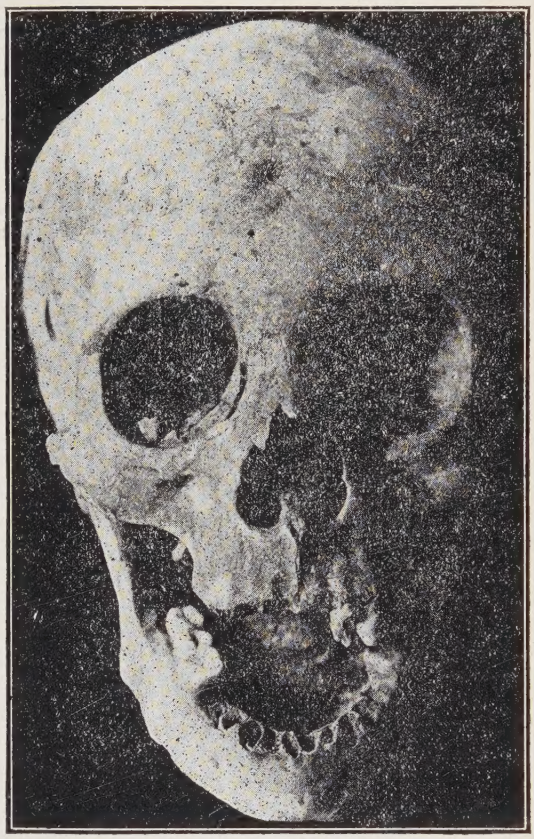
Accordingly the conclusion has been drawn by scholars that there were two great nations, Quechua and Aymaran, whose languages since very remote times were amalgamated in a vast region of meridian American.

It is not possible to establish a common origin of Quechua and Aymaran. Analogies are merely apparent. The words with common sound prove nothing, since they formed in places where in the same or at different times were inflows of both tongues.

It is accepted that the Aymarans dominated before the Quechuas or Incans, as is deduced by archeological finds, as well as by the craniological or ethnic study of the Aymarans, especially the dolicocephalic formation and increasing tendency in births to such natural formation of skulls, which must be characteristic of the more ancient ethnic type in Peru.

D'Orbigny says: It is in the nation Aymara, where may be sought the origin of this religious and conqueror people that formed the empire of the Incas, and latest studies come to confirm that the Aymaran nation was that which formed this widely spread empire whose limits embra ed t e greater part of South America, and whose center was situated on the high plain of Bolivia, on the shores of Lake Titicaca.

If, then, the Aymaran race dominated in a period anterior to the Quechua dominion, and the primitive Yauyos were only a branch of the great paleo-Aymaran trunk it is logical to suppose that the disease which is observed on the skeleton remains of tombs and habitation, contemporaneous of those times is reminder also of that nebulous period of Peruvian prehistory.



No. 4. Osteo periostitis of frontal bone.

In those chullpas and chaukallas of pre-Aymaran time have been recently found numerous crania with syphilitic lesions. Dr. Tello, who excavated them has sent me photographs of some of these which I here print.

Constant traumatism of the skulls of Indians who had syphilis, would account for the great predilection of the disease, for the bones of the cranium.

Virchow says that the greater part of osseous syphilitic lesions are due to contusions. Cornil says: Repeated bone woundings or contusions in the same spot are responsible for bone lesions.

The absence of all treatment except Guayaquil sarsaparilla, and some other vegetable medicines would account for the frequency of destructive bone lesions: malignant syphilis resulted.

A REASON WHY.

GEORGE L. SERVOSS, M. D.

FAIRVIEW, NEVADA.

In a recent paper, read before the American Pharmaceutical Association, Dr. H. H. Rusby, of the United States Bureau of Chemistry, calls attention to the adulteration of drugs shipped into this country, and according to excerpts of his paper, published in the Literary Digest, this practice has been followed to an alarming extent. Regarding such shipments, he says:

"It has been found impossible to stop all of these shipments, even in the important port of New York, as competent examiners cannot be found in sufficient numbers to make the necessary careful examination of all shipments. These goods are declared for other uses than medicine, and find their way into unscrupulous hands to be used as adulterants; they having been imported for that purposes."

He cites, as an illustration, a shipment of five tons of ground olive pits, which the importer, a dealer in drugs, declared were to be used as a filler for chicken food. That this declaration was not true was determined by the appearance, within a few months, of ground olive-pits in several samples of ground drugs manufactured by this firm. He says that this is only one case that was detected, but that it is probable that many more of the same sort occurred, and that such wholesale adulteration undoubtedly has had much to do with the apparent inactivity of certain vegetable drugs, and that it is probable that many deaths have followed the use of such impure agents, and that "all the time the physician is wondering why drugs of vegetable origin vary so in potency in different cases." He also found all sorts of adulterants and inactive material in imports of this character and that many cheap and inactive drugs were substituted for the genuine, and that some importers had gone to the extremity of dyeing inferior lavender leaves a beautiful blue.

He goes on at some length, giving example after example of his findings in reference to many of the drugs in common use, many of which, if genuine, should show great activity, but being spurious, were either inactive, or did not produce the action anticipated.

That such conditions really exist, is undoubtedly true and it forces the physician to look well to the purity and strength of the agents he employs and to know that they are derived from such manufacturers as have demonstrated their honesty. This is probably another reason why so many galenicals are so notoriously inactive. It is also a reason why the doctor should give more attention to the active principles of the vegetable remedy employed, than to the crude drug itself. It has been proven that, no matter how pure a crude drug may be, hardly two samples of the same drug will contain the same proportion of the active principles. Recognizing this to be the fact, the authorities have demanded that preparations of the crude drug must contain standard percentages of the active principles contained therein and that the crude drug itself, in order to be marketable, must be of a certain, prescribed strength. Both the crude drug and galenical preparations of it, carry much material that is inactive and at times inhibitive to the action of the active principle. In many instances these component parts of the drug not only interfere with the action, but act as nauseants, owing to their taste and odor.

If all this is true, and it has been proven so, why should the physician employ the crude drug or the preparation of the drug in its entirety, when, owing to the fact that reputable chemists have isolated the active principles of most of the vegetable drugs employed as remedial agents? In Merck's Digest, we find that such active principles are isolated, and that they are now, and have been on the market for some time. Why then, should the doctor, when he is able to employ these pure, active principles, endanger the life of his patient, or his own reputation, by employing a crude drug which is liable to be otherwise than pure? It has been demonstrated that the isolated active principles are invariably regular, in so far as their potency is concerned, and that they produce reliable results. Those physicians, who have studied and applied the active principles, have found that, by such application, absolute effects have been produced, such as would not obtain from the administration of the drug in its entirety. In the isolated principles, by reason of their absolute, unchangeable condition, the question of dosage becomes a matter of great ease to the physician, and he is not obliged to carry a knowledge of strength percentages in his memory at all times, as would be

the case were he employing the crude drug or the galenical preparation. He simply learns the dosage of the active principles, knows what effects will obtain therefrom, and feels assured of his ultimate results, when his remedy is used to effect. In addition to this certainty of action, he finds that his patient invariably takes more kindly to the use of the active principle, in its pleasant form of administration, than to that of the ill-smelling and ill-tasting, nauseant crude drug or fluid galenical preparation and that it is not necessary to overcome drug irritations in addition to combating the diseased conditions.

In the manufacture of the active principles, it is absolutely necessary that they be made from the drugs from which they are supposed to be derived, and on this account spurious and adulterated drugs cannot be employed, as the employment of such material would result in failure to obtain the principle desired, and their use would entail a loss to the manufacturer. Even though he might be unscrupulous and might desire to add to his profits by marketing an inferior article at the price obtained for one of standard strength and quality, he would be fearful of the results by so doing, consequently, as a rule, if made by reliable manufacturers, we find that the active principles are invariably pure, and of a dependable nature and that we get results, frequently unobtainable from the drug in any other form. The active principle presents the drug in its simplest form, unaccompanied by dirt, coloring matter, tannin, cellular substance, or any other matter which might have an inhibitory action upon the effects anticipated.

In view of the findings of Dr. Rusby in connection with crude drugs, the physician should look well to the source of supply of his remedial agents, not only as to their purity, but as well to their standard of strength and should insist upon being supplied with the goods manufactured by reliable houses. In this connection, we would caution the physician to refrain from the use of extemporaneous fluid extracts and tinctures made by the retail druggist who, although he may follow the mode of procedure outlined by the U.S.P. or N. F., it is possible that he may have used a ground drug adulterated with ground olive-pits. We are not accusing the retail pharmacist of any wrong in this connection, as he no doubt endeavored to get the best obtainable, crude drug, but not being in a position to determine its purity or strength, he makes a product which varies to a greater or less extent from the standard required for his finished product, even though he has been conscientious in his manipulation of the crude material.

Taking into consideration all of these conditions the reason why the physician should employ active principles is apparent. The chance of their adulteration is reduced to the minimum. They are always of the same standard strength and purity. Being in the simplest form of the drug, uninhibited by any extraneous matter, their action is invariably the same in all cases. Owing to their simple form, graduation of dosage is a matter of ease, and they may be employed without fear of over-dosage.

In the future physicians effected with tuberculosis will not be permitted to practice in Oklahoma. The board of medical examiners have found that physicians from the east settle there expecting to practice medicine and benefit health at the same time. The board believes that it is injurious to the patients' interests to permit such physicians to practice.

Proper Time to Take Medicines.—Alkalies should be given before food. Iodine and iodides should be given on an empty stomach, when they rapidly diffuse into the blood. If given during digestion the acids and starch alter and weaken the digestion. Acids, as a rule, should be given between the digestive acts, because the mucous membrane of the stomach is in a favorable condition for the diffusion of the acids into the blood. Acids may be given before food when prescribed to check the excessive formation of the acids of the gastric juice. By giving it before meals you check the osmosis stomach-ward of the acid-forming materials. Irritating and dangerous drugs should be given directly after food, such as the salts of arsenic, copper, zinc, and iron, except where local conditions require their administraiton in small doses before food. Oxide and nitrate of silver should be given after process of digestion is ended; if given during food, chemical reactions destroy or impair their special attributes and defeat the object for which they were prescribed. Metallic salts, especially corrosive sublimate, also tannin and pure alcohol, impair the digestive power of the active principle of the gastric juice, so should appear in the stomach during its period of inactivity. Malt extracts, cod-liver oil, phosphates, etc., should be given with or directly after food, so that they may enter the blood with the products of digestion.—Health.

SURGICAL EPONYMS.*

MARTIN HAGEN, M. D.

CHICAGO, ILL.

(Continued from page 312.)

Callisen, Heinrich (1740-1824), Danish; surgeon, Kopenhagen. Operation, lumbar colotomy.

Camper, Petrus (1722-1789), French; surgeon, Paris. Operation, method of craniotomy.

Carden, Henry Duglas (?-1872), English; surgeon, Worcester. Operation, amputation above the knee by the single-flap method.

Carnochan, John Murray (1817-1878), American; surgeon, New York. Operations: 1. Excision of the second branch of the fifth nerve. 2. Excision of the whole of the ulna. 3. For elephantiasis by ligating a large artery to the part.

Carpue, Joseph Constantine (1764-1843), English; surgeon, London. Operation, rhinoplasty.

Celsus, Aurelius Cornelius (53 B.C.-7A.D.), Italian; physician, surgeon and dentist, Rome. Operations: 1. Excision of the indurated borders of indolent ulcers. 2. Laying open of chronic fistulas and excision of the callous portion. 3. For cataract. 4. Plastic operation on nose and lip. 5. For polypi and tonsils. 6. Extirpation of bronchocele. 7. Distruction of the lacrimal sac. 8. Treatment of strangulated hernias by incision. 9. Ventral urethrotomy. 10. Lithotomy; the "Celsian Method," or "cutting on the gripe". 11. Colporrhaphy for congenitally imperfect vagina. 12. Colporrhaphy for traumatism. 13. Method of extracting dead fetus. 14. Method of evisceration and depletation. 15. To amputate, in the case of gangrene, through healthy tissues. 16. For hemorrhoids by incision, and ligating the dilated veins. 17. Refracture of bones. 18. Amputation by the single circular incision.

Charrière, Joseph de la (?-1690), French; surgeon, Paris. Operation, internal urethrotomy.

Chassaignac, Charles Marie Edouard (1805-1879), French; surgeon, Paris. Operations: 1. Excision of the elbow-joint. 2. Excision of the tongne by the ecraseur. 3. Proctectomy. 4. Excision of a finger.

Cheselden, William (1688-1752), English; surgeon, London. Operations: 1. Circular amputation. 2. Formation of an artificial pupil. 3. High operation for stone in bladder. 4. Iridotomy.

Chopart, Francois (1743-1795), French; surgeon, Paris. Operations: 1. Mediotarsal amputation of the foot. 2. Cheiloplasty.

Civiale, Jean (1792-1867), French; surgeon, Paris. Operations: 1. Lithotrity. 2. Mediobilateral lithotomy. 3. Internal urethrotomy.

Clark, Fredrick Gros (1811-1892), English; surgeon, London. Operation, urethroplasty for fistula.

Clèmot, Jean Baptiste Joachim (1776-1852), French; surgeon, Rochefort. Operation, cheiloschisoplasty.

Cloquet, Jules Germain (1790-1883), French; surgeon, Paris. Operations: 1. Method of circumcision. 2. Excision of the tongue by strangulation with a ligature.

Cock, Edward (1805-1892), English; surgeon, London. Oporation, external urethrotomy.

Cohnstein, Isidor (1841-1894), German; obstetrician, Heidelberg. Operation, method of performing Cesarean section.

Colles, Abraham (1773-1843), Irish; surgeon, Dublin, Operation, for single harelip.

Collot, Francois (?-1706), French; surgeon, Paris. Operation, lithotomy.

Cooper, Sir Astly Paston (1768-1841), English; surgeon, London. Operations: 1. Ligation of the external iliac artery. 2. Varicocelectomy. 3. Transperitoneal ligation of the abdominal aorta. 4. Ligation of the common carotid. 5. Amputation at the hip. 6. For tennitus and deafness in chronic otitis media.

Cotting, Benjamin Eddy (1812-1898), American; surgeon, Boston. Operation, for ingrown toenail.

Crampton, Sir Philip (1777-1858), Irish; surgeon, Dublin. Operations: 1. Extra peritoneal ligation of the common iliac artery. 2. For entropion.

Crèdè, Carl Sigmund Franz (1819-1892), German; obstetrician, Dresden. Operation, resection of the pubis followed by hysterectomy.

Critchett, George (1817-1882), English; ophthalmologist, London. Operations: 1. Linear extraction of cataract. 2. Subconjunctival strabotomy.

Crosby, Dixi (1801-1873), American; surgeon, Dartmouth, N. H. Operations: 1. Removal of the entire scapula, three-fourths of the clavicle and the arm. 2. For backward dislocation of the thumb.

Curling, Thomas Blezard (1811-1888), English; surgeon, London. Operation, varicocelectomy.

Cusack, James William (1788-1861), Irish; surgeon, Dublin. Operation, hemorrhoidectomy.

Czerny, Vincenz (1842-), German; surgeon, Vien. Operations: 1. Radical cure of inguinal hernia. 2. Method of enterorrhaphy. 3. Posterior gastro-jejunostomy. 4. Method of tenorrhapy. 5. Excision of the tongue

* Additions and corrections will be gratefully received.

6. Pharyngotomy. 7. Esophagectomy. 8. Vaginal hysterectomy. 9. Lapero-hysterectomy.

Daviel, Jacques (1696-1762), French; ophthalmologist, Paris. Operation, for cataract, without iridectomy.

Davies-Colley, John Noville (1842-?), English; surgeon, London. Operations: 1. Uranoplasty. 2. Osteotomy for talipes.

Deadrick, William, H. (1773-1858), American; surgeon, Rogersville, Tenn. Operation, excision of right half of inferior maxilla.

DeChauliac, Guy (1300-1370), Italian; physician and surgeon, Rome. Operation, Cesarean section upon dead mothers to save the life of the infant.

Delpech, Jacques Mathieu (1777-1832), French; surgeon, Montpelier. Operations: 1. Ligation of the axillary artery. 2. Originator of the term "orthopedic".

Demarquay, Jean Nicolas (1811-1875), French; surgeon, Paris. Operation, for naso-pharyngeal tumor.

Denis, Jean Baptisti (1620-1704), French; physician to Louis XIV. Operation, performed the first transfusion of blood in man.

Denonvillier, Charles Pierre (1808-1872), French; surgeon, Paris. Operation, rhinoplasty.

Desault, Pierre Joseph (1744-1795), French; surgeon, Paris. Operations: 1. Method of treating fractured clavicle. 2. For restoration of Stenson's duct. 3. For stricture of lacrymal duct.

Desmarres, Louis Auguste (1810-1882), French; ophthalmologist, Paris. Operations: 1. Iridectomy. 2. For pterygium. 3. See Guerin-Desmarres.

Diday, Paul (1812-1894), French; surgeon and syphilologist, Lyon. Operation, for syndactylism.

Dieffenbach, John Friedrich (1792-1847), German; surgeon, Berlin. Operations: 1. Amputation at the hip. 2. Plastic closure of of triangular defects. 3. Blepharoplasty. 4. Tenotomy for strabismus. 5. "Wallenschnitt" for single complete harelip. 6. Cheiloplasty. 7. Resection of the rectum in continuity. 8. Rhinoplasty. 9. Staphylorrhaphy. 10. Incision to expose the whole of the superior maxilla. 11. For naso-pharyngeal tumor. 12. For symblepharon. 13. See Dieffenbach-Fergusson.

Dieffenbach-Fergusson, q. v. Operation, method of uranoplasty.

Dittel, Leopold Ritter (1815-1898), German; surgeon, Wien. Operation, prostatectomy.

Dolbeau, Henri Ferdinand (1830-1877), French; surgeon, Paris. Operation, median lithotomy.

Donegana, Carlo (1776-1828), Italian; ophthalmologist, Mailand. Operation, for iridodialysis.

Dorsey, John Syng (1783-1818), American; surgeon, Philadelphia. Operation, ligation of the external iliac artery.

Dowell, Greensville (1822-1881), American; surgeon, Philadelphia. Operation, herniotomy.

Dubrueil, Alphonse (1834-1900), French; surgeon, Montpelier. Operations: 1. Disarticulation at the wrist. 2. Amputation of the toes.

Duplay, Simons Emmanuel (1836-?), French; surgeon, Paris. Operations: 1. Tendon transplantation. 2. For epispadias. 3. For hypospadias. 4. Incision at the shoulder-joint.

Dupuytren, Guillaume (1777-1835), French; surgeon, Paris. Operations: 1. Disarticulation at the shoulder-joint. 2. For wry-neck. 3. For Dupuytren's contraction. 4. Excision of a portion of the inferior maxilla. 5. Method of enterorrhaphy. 6. Amputation at the shoulder-joint by the external-and-internal-flap method. 7. Amputation at the hip-joint by the lateral-flap method. 8. Bilateral lithotomy. 9. For atresia vaginae. 10. Closure of an artificial anus. 11. Cheilopasty. 12. Excision of the elbow. 13. For stricture of the lacrymal duct.

Duval, Marcellin (? -1824), French; surgeon, Paris. Operations: 1. Supramalleolar amputation. 2. Ligation of the external iliac artery. 3. Amputation at the shoulder-joint.

(To be continued.)

PERMANGANATE of potassium is thought to be practically a specific for snake bite in India. Only twenty-three deaths have occurred in one hundred ninety-eight cases treated with this medicament.

STATE CARE OF THE INSANE IN JAPAN.—In a recent address to the Psychiatric Society of Tokio, Dr. Lilienstein stated that he had found many of the Japanese hospitals constructed after German models, and well managed, but that he was astonished to find apparently no provision made for the insane. According to his calculations, there should be among the 50,000,000 inhabitants, at least some 75,000 demented persons who should be in asylums, but even taking into account the private places, there is room only for about 2,000. Notwithstanding its wonderful army medical service, Japan seems to be very backward in comparison with Europe and America in this important department.

THE MEDICAL FORTNIGHTLY

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EDITORIAL

An American Association of Clinical Research.

In another column we are publishing a call to the profession which purposes the establishment of an Association of Clinical Research; there is nothing in the call to indicate who, beyond its signor, is behind the movement, but there is no particular reason for knowing, if scientific men will interest themselves the association will be formed and will play a part of tremendous usefulness in the progress of American medicine.

The past two decades have seen the real development of the laboratory as a preeminent power in our profession, the laboratory has proven its usefulness and fixed itself as a permanence, but it has also so eclipsed other methods that we find our profession losing its faith in all which has not been demonstrated by laboratory methods. This is a condition most unfortunate, for it leads to all sorts of nihilistic tendencies, and unless checked is going to bring about an utter disappearance of that very capable person, the physician who can successfully diagnose various diseases by the exercise of one or another of his God-given senses, and whose subsequent treatment has been effective in bringing a return of health. There is no room for question as to the tremendous worth of the modern development of pathology, bacteriology and surgery, but there is abundant room for grave doubt whether the microscope and culture can ever replace the wisdom to be gained at the bedside, or whether the knife should be allowed to sap all confidence in the efficacy of drugs. If the American Association of Clinical Research can reestablish in the profession an honest belief in the efficacy of various of the drugs which are effective if intelligently used, we bid it welcome. We would recommend the movement to serious thinking physicians, and would urge them to interest themselves in it that it may be made of as great value to the profession as a view of conditions and possibilities indicates that it might be made.

A New Era for the Barnes Medical College.

Those who are interested in the betterment of facilities for imparting medical education and the advancement of medical education itself will feel not a little satisfaction in changes which are being effected in the faculty and control of the Barnes Medical College. This school has been graduating classes for a number of years, and its graduates have shown themselves able men in the communities in which they have located; they occupy important places in their local and state organizations and are a living answer to those who have questioned the work which the school has done. But these are days of the university idea and a university affiliation seems an essential to the success of any medical school; hitherto the appellation of "university" to the Barnes schools has not carried with it the dignity or the confidence which should go with it, and even though the Barnes University was made up of three professional schools the absence of bacculaureate affiliation was a misfortune.

The realignment of the schools places them under nominal Baptist control, though they are to be non-sectarian, and articles of affiliation have been arranged or are under consideration with several Baptist and other colleges of the Mississippi Valley. The medical faculty has been considerably enlarged and strengthened, and further change will be made as need develops, its purpose being to give the most practical medical courses that can be found at any American school, and to graduate classes which will be ready for any state examination and, what is more to the point, ready to practice medicine. An all-around, thorough medical education with no accentuation of one or another branch to the detriment of others is said to be the aim of the reorganized faculty, and it is an aim which we profoundly hope to see an accomplished fact. It is a certainty that the profession of the Mississippi Valley appreciates the abundant room for a school which shall give a thorough medical education and graduate physicians rather than specialists. If the Barnes lives up to its announced purpose this is just what it will do, and it deserves approving support.

Dr. Cook and the North Pole.

We have had no time to discover whether Dr. Cook is one of us or is a D.D. or D.O., or what, but the supposition is that this man who has all in a day become world-famous belongs to us and perhaps the good fame of modern medicine will be the greater for his exploit. Whether or not the discovery of the North Pole is greatly to affect humanity remains to be seen. We suppose it was found right where we knew that it was all the time. We do not look for any great exodus of physicians to its vicinity as a result of its discovery, nor can we expect that there will be any decided change in general conditions here in Missouri now that it is located. Nothing short of a titanic upheaval can ever make the polar regions of the slightest possible use to humanity, and a study of the lives which have been lost and the suffering that has been occasioned, not to mention the tremendous sums which have been expended, in the effort to reach the Pole fills one with questionings, what's the use? Why have the nations vied with one another to set foot on that useless, inaccessible spot of the earth? There is so much that needs doing that is really worth while.

At any rate, poor Dr. Cook is coming home to be a hero, he will be banqueted, toasted and feted, he may even get employment with a lecture bureau and tell us all about it from Maine to California. Even in a day real news is crowded out of the daily papers to make room for columns of stuff written on his trip by men who know nothing about it, and we have had one large picture of Dr. Cook and his two Esquimos gazing at our flag as it floats at the Pole, if it floats there.

We wish the American people could be spared the Cook lectures, which are certainly to be; we could even do very nicely with a considerable curtailment of the magazine articles which are certain to appear; but while regretting for ourselves what is certain to come we cannot help saying, poor Dr. Cook, he's a hero.

Pellagra.

The recent outbreak of pellagra in various of the Southern States and in Illinois has made an ability to diagnose that unusual disorder a necessity, for there are few of us who have ever seen a case. Quoting Thayer, the editor of the American Journal of Clinical Medicine, describes pellagra as follows:

"The symptoms ascribed to pellagra are: Gastrointestinal—nausea, dypsepsia, vomiting, and especially diarrhea, marked in the mornings and often obstinate; a severe form of stomatitis with fiery-red mucosa, eating and swallowing being extremely painful; aphthous ulcers extending over large areas, patches of white macerated epithelium exfoliating, leaving a raw, velvety, fiery-red surface; and distressing salivation.

"The cutaneous symptoms are significant. There is erythema on the dorsum of the hands and, in those who go barefoot, on the feet, the palms and soles being rarely affected. These patches resemble sunburn with, however, the margins more sharply defined; they are always symmetrical; they show slight if any swelling, the brilliant-red blush becoming deeper or cyanotic, extending down to the next phalangeal joints and back to the wrist, where it ends abruptly. The affected surfaces soon become dry, scaly and exfoliate in scales, leaving the skin dry, cracked and fissured. Bullae may form on the hands, filled with serum, pus or blood. The epithelium exfoliates in large masses, leaving these skin areas raw and red, thin and atrophied, often glistening, shiny, with slight superficial wrinkles, cracks, deep-red or brownish, and fissures sometimes deep and hemorrhagic. In marked cases the skin over the last two phalanges becomes dry, deep-brown, with bullae and exfoliation. Similar changes take place on the dorsa of the feet in barefoots, and in bad cases they also appear over the cheekbones and the bridge of the nose; occasionally about the neck like a collar.

"While this erythema is influenced by sunlight, it is readily distinguished from the ordinary effects of sunburn. The appearance is not specially prevalent in summer, and children who run naked show the same location of the lesions.

"As nervous manifestations, we have vertigo, and grave symptoms from the cord. In severe recurrent forms we note a general increase in the deep reflexes, especially in the lower limbs; well marked spastic symptoms, sometimes disturbed sensation and sphincter paralysis; reflexes of lower limbs lost, of upper increased; sclerosis, especially in the lateral columns of the cord, lesions of the posterior columns not unusually, and according to and with degeneration of the posterior roots.

"Neusser summarizes the mental symptoms as follows: At first as a rule con-

fusion, weakness of judgment and will, anxiety, disorientation as to time and place, alteraton of disposition from slight depression to hypochondria and suicidal tendency; the patient is often silent, dull and serious, looks as if he had forgotten how to smile, with self-depreciation, delusions of persecution, self-accusation; refusal of nourishment; often mania, the depressed patient becoming suddenly emotional and restless, this followed by apathy or catalepsy. Hallucinations of sight and hearing are common. Mutism is frequent. The mental deterioration progresses, and terminal dementia supervenes.

"Clinically, two forms are recognized, namely, the acute, typhoidal, and the milder, chronic or recurrent. The first runs to a fatal end in a few weeks, with active delirium, fever and uncontrollable diarrhea. The second may be prolonged for twenty-five years. With each relapse anemia, debility and emaciation increase, the nervous and mental symptoms advance; the patient becomes cachetic, demented and bedridden.

"The onset is usually in the spring. The patient is apt to improve during summer, relapsing in early fall. Apparent recovery may ensue, with recurrence in the spring."

The regents of the University of Minnesota have abolished the College of Homeopathic Medicine and Surgery. This action was taken because of the small number who matriculated the past year.

The University of Oxford has made an innovation in medical diplomas by instituting a special diploma in ophthalmology. The advisability of this step is questioned, as it is thought that it is carrying specialism too far.

The China Emergency Appeal Committee has made an appeal for medical training and other educational work, half million dollars being asked for the development of medical and other enterprises and for the translation of the best Western literature into Chinese. In that counry trained medical men are now provided for the army and navy only. Consequently the most urgent need of the empire is for medical schools where thorough scientific training may be given Chinese students. It is announced that the Harvard Medical School graduates are planning to establish in China a thoroughly equipped school; the Chinese are in favor of the movement, and several hospitals have already been placed at the disposal of the school for clinical instruction.

CORRESPONDENCE

AMERICAN ASSOCIATION OF CLINICAL RESEARCH.

Dear Doctor:

A meeting of physicians and surgeons interested in Scientific Clinical Research is called for Wednesday, October 27, 1909, at John Ware Hall, Boston Medical Library, No. 8 Fenway, Boston, Massachusetts. The meeting will come to order at 10 a.m., and carry its sessions through Wednesday, and, if necessary, through Thursday and Friday.

The object of the meeting is,

First, to establish an American Association of Clinical Research;

Secondly, to establish clinical research on an incontrovertible basis in hospitals; and

Thirdly, to institute an American Journal of Clinical Research, in which the work of members of the American Association and of others doing clinical research work in a scientific manner shall be published.

You and your friends are herewith cordially invited to participate in this meeting and in the proposed movement of scientific clinical research.

This invitation is extended to all physicians and surgeons whose interest goes beyond the immediate case work of ordinary clinical societies; and it is hoped that the invitation will be accepted by all medical practitioners, irrespective of their present medical affiliations, who can appreciate the necessity for establishing on an incontrovertible scientific basis the certainties and limitations of the present practice of medicine and surgery before attempting to add to the already large and cumbersome field of medicine.

The American Association of Clinical Research is not intended to disturb the present medical affiliations of its members nor to interfere in the very least with the duties they owe and the privileges they enjoy by virtue of their affiliation with any existing national medical body.

The American Association of Clinical Research is to take cognizance of the fact that the clinic requires cold facts and conclusive methods, and upon these fundamental requirements, the structure and the work of the American Association of Clinical Research are to be built.

It is of the utmost scientific importance to establish conclusively all that is at present true in medicine and surgery, and only upon such proved knowledge, to base any further advancement. The clinic deals

with clinical entities and not, like the laboratories, with parts as entities. Therefore, clinical research differs, and must differ, from experimental laboratory researches. Clinical research must consider clinical entities, and when considering parts, it must consider them only as parts and not as wholes. All that subserves the object of obtaining and investigating clinical facts and principles belongs to clinical research and the laboratory is a part of the means of clinical research, but only a part.

The crux of the matter appears to be that experimental laboratory proof is not sufficient clinical proof. In order to advance in an irresistible line, clinical research must be based on a conclusive form or method of clinical proof.

In experimental proof, we dislocate a part from a whole and attempt to prove the whole from the part, as though a dislocated part would always prove the whole. Or, we attempt to prove facts in one species by facts in another species, as though the two species were identical. For instance, the experiment made on animals to elucidate certain elements of fever bring out a fact of almost insurmountable difference between man and the lower animals, the fact that man has associated with the nakedness of his body a highly perfected power for regulating his temperature, a highly developed vasomotor system and a vast array of sweat glands, a characteristic complex of things which apparently no other species of animal life presents. Experiments made on animals to prove febrile or other clinical phenomena in man, may be suggestive, but for obvious reasons cannot be conclusive. To prove observations in man, the observations must be made on man and not on animals. But observations on man even are not necessarily conclusive. Individual observations on man cannot be conclusive, because the same experience cannot be repeated, and when we prove by numbers, we compare similar but not identical experiences. Analogy is not conclusive proof. Identity alone is conclusive proof; but since, in medicine, identical experiences cannot be repeated, we must provide simultaneous identical experiences in order to have proof by identity. Clinical proof is conclusively established when all observations and experiments are made conjointly by at least two competent men, preferably of opposite ideas, at the same time. Conjoined critical observation and experiment, at the bedside and in the laboratory, as may be required, furnish simultaneous identical experiences, the proof proceeding on the principle that a whole can be proved only by the whole and not by dislocated parts.

These and other weighty questions await your assistance for a necessary solution. The benefit that will accrue, both to medicine in particular and to the medical profession and humanity at large in general, from a satisfactory establishment of scientific clinical research, can be easily surmised. Come prepared, yourself and your friends, to give to this matter your mature convictions and your personal assistance. Only from a critical interchange of critically acquired opinions, can we hope for clearness and for the clarification of the medical atmosphere now charged with confusion and indifference.

Your communication, indicating your interest and your expectation of being present at the meeting in Boston on October 27, next, is eagerly awaited, and on receipt of the expression of your interest, further developments will be communicated to you personally in due time.

Please address your communications at the earliest possible date directly to James Krauss, M.D., 419 Boylston street, Boston, Massachusettes.

Yours fraternally,

JAMES KRAUSS, M.D.,

Chairman Committee American Association Clinical Research.

APPRECIATION OF DR. ECCLES' FOREIGN LETTERS.

Lake Placid Club, Essex Co., N. Y.,
Aug. 14, 1909.

Editor Medical Fortnightly:

Dear Doctor:—I am reading with much interest the instructive and interesting articles by Dr. Robert G. Eccles. I suggest to him and to you the publication of these papers in book form to which I will deem it a privilege to subscribe.

Sincerely,

JOHN A. WYETH.

ONE OF THE BEST.

Warsaw, Mo., July 20, 1909.

Editor Medical Fortnightly:

Many thanks for your proposition in regard to renewal for my subscription. I need the Fortnightly, for I consider it one of the best published. I find a great deal of help in every number.

Yours fratenally,

J. R. SMITH.

MEDICAL PROGRESS

Comprising the Regular Contributions of the Fortnightly Department Staff.

THERAPEUTICS.

C. W. HEPBURN, M. D.

Three Cases of Tetanus Treated with Tetanus Antitoxin.—Dr. E. Arthur Parker contributes a record of the above cases to Merck's Archives for July, 1909. The three were boys and were treated by him, in consecutive order, at St. Mary's Hospital, Brooklyn, N.Y. All had risus sardonicus. An unsual noise, attempts at swallowing or any voluntary muscular action would bring on general convulsions. They had fever; they perspired profusely after each convulsion. One, when a convulsion was about to occur, would cry out for his father, who would support the boy's back in his hands, the heels resting on the floor. The other two had opisthotonos in bed. The wounds were cleansed and soaked with tincture of iodine. All were given an initial dose of 20 cc. of antitoxin, 1 cc. of which had the power of protecting one million gm. of guniea pigs' in weight from a fatal dose of the tetanus toxin. After the first dose 10 cc. were given every four hours until each boy received 220 cc. They were also given 3i of peptonized iron and manganese every four hours; nutrient enemata, ʒvi every four hours until food could be taken by mouth, chloroform anesthesia was induced and food given with a stomach tube. Water in abundance was ordered. An occasional dose of morphine or chloral to control restlessness at night was required. When discharged from the hospital some stiffness still remained with two of them.

The Mercurial Treatment for Tuberculosis, with a Report of Fourteen Cases, and a Suggestion for a New Method of Administering Mercury.—The experience of Dr. Thomas J. Beasley with mercury in the treatment of tuberculosis (Indianapolis Medical Journal, May 15, 1909) has convinced him that the hope of its proving a specific must be abandoned. He does not brand it as useless, for in selected cases, where it is well tolerated, it may develop as a valuable auxiliary to the other methods of combatting the dread disease. He presents a tabulated report of 14 cases treated at the Rockwood Tuberculosis Sanitarium, the majority of which were in advanced stages of the disease and sent there for the express purpose of taking the mercurial treatment. Out of the 14 cases only 4 showed any improvement under the mercurial treatment. The remaining 10 displayed no particular recuperative tendency during the period of treatment, although most of them began to gain as soon as the mercury was withdrawn and tuberculin, or plain hygienic, dietetic, fresh air treatment substituted. It is certain that not one of the 10 cases showing no improvement under the mercurial treatment, received any benefit whatever from the injections, and considering the acute irritation which it caused in the tissue, and the fact that most of them improved when the mercury was withdrawn, it is reasonable to believe that it did them harm. It would be exceedingly gratifying, the author says, if the improvment made by the four cases could be attributed exclusively to the administration of mercury, but this cannot be justly done. Considering the scores of cases that have been treated without mercury, and the vast proportion which have shown remarkable progress, it is more reasonable to suspect that the four patients in question improved in spite of the mercury and not because of it. The new method of administering the mercury suggested, is new only as applied to tuberculosis cases. It is that used by syphilologists, namely, to employ the buttocks as the site of injection. It has many advantages over the old method.

A Question in Therapeutics. — Dr. Brose Horne, in Lancet-Clinic for May 15, 1909, asserts that as a result of a nosological practice—prescribing a set formula for the name of a disease—a very harmful system has been evolved, namely, prescribing "hard and dry, hand-me down," "ready-made" tablets and pills. This form of medication has reached such a gigantic magnitude, he says, that it not only threatens the life of true therapeutic progress, but it produces evil results in the whole practice of medicine. The physician who forms "the tablet habit" will lose interest in the study of therapeutics, and as he continues in this practice he will gradually lose his knowledge of the action, dose, etc., of his medicines; he will forget how to properly compound and prescribe his remedies; he will too often study the circular that is wrapped around the package, and thus lose his own originality, and never think of originating a line of treatment of his own, which is so essential to medical progress. There can be no set formula—ready-made—that will do for any particular named trouble. Nosological classifications are used for brevity of speech or writing, so we can

express a number of pathological conditions under one term, but under no circumstances can a name of a disease be used, ignoring pathological conditions, as a certain indication for a particular ready-prepared formula. The indication of disease must be closely observed and studied, and the drug therapy must meet the indications. The tablet and pill practice is unscientific, unreliable and possibly at times harmful, and the active physician will either prepare his own formulas in his office, from freshly prepared fluid medicines, or from finely triturated powders, or have it done by a reliable pharmacist.

Some Information Concerning Dorsey's Mixture.—Dr. S. E. Earp, in Indianapolis Medical Journal for May 15, 1909, says he has advocated the use of Dorsey's mixture as an efficient and palatable laxative in clinic, class-room and elsewhere for years. It is superior to the liquor magnesii citratis, and the hospitals of his home city keep it in stock, one of them having used 110 gallons during the last twelve months. From the fact that there is at least one other mixture, a chalybeate, known by his name, he suggests that the laxative should, in writing prescriptions, be called Dorsey's magnesia mixture. The formula for making it in large quantities is as follows: epsom salt, 8 pounds; granulated sugar, 3 pounds; citric acid, 1½ ounces; aromatic sulph. acid, 8 ounces; water, 2 gallons.

Action of Alcohol on the Human Economy.—In a contribution under the above head in Merck's Archives for April, 1909, Dr. S. P. Goodhardt says that perhaps no question is of greater sociological importance, no less than of scientific interest, than the influence of alcohol upon the mind and nervous system. It is conceded that it is the most potent factor in the production of insanity; in some cases it is the direct cause, in others only bringing into activity latent hereditary brain effects. Alcohol as an etiological factor does not produce any one form of mental derangement, but may induce states of depression, of exalation, of mental enfeeblement, morbid impulse, stupor, etc. It may be an exciting cause of general paralysis, of epilepsy and epileptic insanity, of dementia precox, climacteric and senile mental derangement. As in other poisons and drugs, there is great variation in the character of the effects in different persons. In certain individuals a small amount will produce violent intoxication. This is more particularly the case when there is hereditary taint. In an unstable nervous system but little is required to disturb its equilibrium. In cases of family history of mental disease, a minute amount of alcohol may manifest itself in true maniacal outbreaks, or in suicidal or homicidal impulses. These persons then really become insane. The medico-legal importance of these cases is manifest. The author believes with others who have made a careful study of the subject, that with the abolition of alcohol would be swept from the face of the earth the most formidable foe that has held sway and dominated man for ages. If syphilis and alcohol were no more, then he believes sincerely that imbeciles, idiots, epileptics, and the chronic and acute insanities even would vanish.

Treatment of Secondary Anemia of Tuberculosis with Hypodermics of Iron.—In this paper Dr. Leroy S. Peters (N.Y. Med. Rec., Oct. 10, 1908) tabulates the results obtained by hypodermic injections of iron in 42 cases of secondary anemia accompanying tuberculosis. The author has used this method for the past two years. Before that time blood tonics, such as Blaud's pills or iron in some form or another, were given per os, and no results worth consideration were obtained inside of three months, but now, by the hypodermic method, the desired effect is usually gotten with twenty doses, given on twenty consecutive days. A number of formulas of different combinations were used as follows:

1. Iron citrate.....gm. .05
2. Iron citrate.....gm. .05
   Sodium arsenate..... .005
   Strychnine sulphate ..... .0005
3. Iron citrate ..... .05
   Sodium arsenate..... .001
4. Iron citrate..... .05
   Strychnine sulphate ..... .001

The citrate of iron is the one best suited for anemia alone. By using the preparation of iron, strychnine, and arsenic one gets the action of the iron plus the tonic effects of the arsenic and strychnine. In all the cases treated good results were obtained, and that in nearly every case after twenty injections. The anemias were not, however, very marked, having occurred in an institution at an altitude of 6,000 feet, but the author has no doubt but that the same good results would ensue, from a larger number of injections, in severer cases.

Professor Irving Hardest, the head of the Department of Anatomy at the University of California, has been appointed to the head of the Department of Anatomy in the Tulane University of Louisiana.

AMERICAN PROCTOLOGIC SOCIETY.

Eleventh Annual Meeting, held in Atlantic City, June 7 and 8, 1909.

(Continued from page 341.)

Fistula in the Posterior Anal Commissure.—J. Coles Brick, M.D., Philadelphia, Pa.—Who stated that the anatomy of the posterior anal commissure is of such peculiar arrangement that ulcers or fistulas, in this region frequently do not granulate in a proper manner. The greater part of the external sphincter muscle arises from the coccyx, and after forming the ano-coccygeal body of Symington, passes around the anus, forming a Y-shaped or triangular cul-de-sac at the posterior anal commissure, making this the weakest part of the anal circumference. The levator ani muscle is separated from the coccygeus muscle by a cellular interspace, rendering possible an easy extension of pyogenic organism.

In ulcerations or small fistulas in the posterior anal commissuer, it is the writer's custom to make a triangular incision with the apex toward the anus, rather than an antero-posterior cut. In cases of fissure in this commissure, two incisions, one-eighth of an inch deep are made down into the sphincter muscle on each side of the fissure, all fibrous tissue being removed from the fissure itself. The physiological action is, that during defecation, the lateral fibers of the sphincter forming the triangular space are at rest, due to their division; thus saving distension of this space, and consequently no interference with healing.

Modified Technic in Resection of the Rectum.—J. Rawson Pennington, M. D., Chicago, Ill.—Numerous illustrations were shown by the author, intended to serve as demonstrations designed and employed by himself and Dr. Gronnerud in resection of the rectum in a special case. The growth for which the method was employed extended upward from the upward border of the levator ani muscle for about two and one-half inches. A perineorraphy was first done, splitting the recto-vaginal septum back to Douglas cul-de-sac. The rectum was then dissected from its lateral and posterior connections upward until it could be pulled downward far enough to effect an end-to-end anastomosis, when the section including the growth was removed. The incision was closed with buried catgut-sutures, and silkworm-gut for the skin. The posterior vaginal flap covering up, as it did, the operating field, prevents the urine, vaginal and uterine secretions, from coming in contact with the wound.

Abdominal Massage in the Treatment of Chronic Constipation, Etc.—T. L. Hazzard, M.D., B.S., Pittsburgh, Pa.—The writer referred to the fact that general massage had been practiced from very ancient times until the present for the relief of fatigue and for the purpose of increasing the flow of fluids in the blood-vessels, the lymph spaces and juice canals, by which more perfect elimination of waste is obtained and better assimilation brought about. Two conditions which, in his opinion, the relief of will do away with two-thirds of the slight ailments as well as of some of the more serious ones. He began massage for the relief of chronic constipation and was much surprised to find the far reaching, adventitious effects produced. Among others, for example, that the chalky deposit in the joints in articular rheumatism, under careful, patient, persistent manual therapeutics as applied to the bowels, will entirely disappear more often than not. Mentioned no particular method, saying that any good text-book would give the technic sufficiently well. This manipulation is recommended not only for chronic constipation, but also for the relief of coprostasis for which operation it is very frequently done. After indicating more of the benefits and some of the dangers of the method, the writer said that if this treatment called for more time that the physician or surgeon could spare, it had better be left off altogether, although the patient would surely lose a very great benefit. The paper closed with the remark that doubters as to the very great advantages which will accrue to the sick, in many, many ailments, has but to practice careful and intelligent massage to be convinced.

Intestinal Auto-Intoxication; Its Treatment by Irrigation.—Wm. L. Dickinson M. D., Saginaw, Mich.—During normal digestion, there are present in the intestine peptones, crystalline bodies, aromatic substances and ptomaines, which are toxic, but changed into less toxic bodies and eliminated by the stools. Whenever their number is very great, relief is obtained by a profuse intercurrent diarrhea, while the remaining toxic bodies, having been acted upon partially by the digestive mucosa, are changed in the liver, then enter the circulation, and being further changed by the anti-toxic glands, finally are eliminated through the skin, kidneys and lungs. Many patients have suffered for years, and perhaps the greater part of their lives from constipation, and the condition has been aggravated as they have grown older and

more sedentary in their habits. There are well marked symptoms in the auto-intoxicated. Among the prominent are: a drawn expression; sunken eyes; frequently the so-called liver spots; often the patient is pot-bellied and the skin is dry and harsh; it is quite common to have the bowels greatly distended by gases, shortly after meals, necessitating the loosening of the clothing the breath is frequently very offensive; the odor of the stools is sickening, while the stools are constipated, hard, lumpy, and of small caliber or semi-liquid and mushy, and upon examination mucus and membranes are found. Patients are often unable to concentrate their thoughts, and there is loss of memory. There is great fatigue, and depression of spirits. Pruritus, urticaria, eczema or furunculosis caused by intestinal auto-intoxication may be present. These are not all the symptoms that may arise from intestinal auto-intoxication but they are sufficient to emphasize the importance of the subject, and the necessity of having the intestinal discharges examined by a competent person before and during the treatment of the patient. An examination of the urine to determine the amount of indican present in cases of intestinal auto-intoxication can be made by any physician, but there are times when a laboratory examination must be made by an expert. The treatment must of necessity begin with careful attention to the kind and amount of food taken. Vegetables should largely replace meats, and in fact the patient will gain faster if meat is not partaken of at all. There should be a liberal use of water internally, drinking between meals two or three quarts of water daily. The treatment is not simple and is one that requires attention and generally a long time. The routine method is the administration of calomel gr. 1-10 and podophyllin gr. 1-24 repeated every hour for eight or ten doses, followed with rochelle salt one-half ounce in six ounces of hot water every two hours until the stools are watery. The colon should be distended with warm water containing half an ounce of soda sulphate to the quart. The patient should be in the knee-chest position. The water should flow slowly, fully distending the bowels, but not causing pain. This washing out of the bowel should be done daily for about one week and the urine should be examined again for indican, and if it is found present, the indication is that there is need of another course of calomel and podophyllin. The bowel should be made aseptic by the use of sulpho carbolate of zinc gr. x to one quart of water used by enemata retaining as much of it as possible. The treatment is to keep the intestine as clean as possible.

Perirectal Abscess. — J. A. MacMillan, M.D., Detroit, Mich. Who called attention to the fact that in a large proportion of cases of perirectal abscesses, the bacillus tuberculosis is present, and that next in importance, as an etiologic factor, is the gonococcus. A diagnosis is most difficult when the abscess is located above the levator ani. In this location it is frequently found to be complicated with some disease of one or more of the pelvic organs. In this condition it is sometimes necessary to make an abdominal incision both for exploratory purposes and to rectify the condition. In the treatment of the perirectal abscess, however, the drainage should always be from below.

Disease of the Colon Due to Extra-Intestinal Causes; with Special Reference to Membranous Colitis.—A. B. Cooke, M.D., Nashville, Tenn.—The intimate functional relations existing between the several viscera of digestion, which is recognized by all, was pointed out, but the writer stated that the anatomic relations of the alimentary tube and the frequency with which they are to be looked to for the explanation of many of its pathologic conditions, have not received the serious consideration their importance demands. He also called special attention to certain familiar diseases of the colon, which are often found to exist primarily because of these relations, and the mechanical irritation growing out of them. Perhaps the most conspicuous of which, was cited membranous colitis. The writer recalled the great divergence of opinion that has always prevailed as to the true nature and pathology of this malady, and notwithstanding the conclusions of such authorities as Osler, Tyson, Hemmeter and others, that the disease is a secretion neurosis; he takes the contrary view held by many other equally careful and competent clinicians, who hlood that there are always pathological lesions that bear directly upon the colon, either from without, as by pressure from other misplaced organs, or by adhesions, or by some local irritant from within to account for these cases. For present purposes the term membranous colitis is limited to that peculiar affection, which is characterized by the periodic discharge of mucus with membranes or casts from the bowel, and of which fecal stasis is always a prominent feature. With reference to this type of colitis, Dr. Cooke stated unequivocally that he had never seen a

case in which he failed to find some gross pathologic condition of one or more abdominal organs as well as of the mucosa itself; and furthermore that the etiologic relation between the two has been clearly established in a number of cases by the prompt and permanent disappearance of the bowel trouble upon correction of the extra-intestinal condition, after all other methods of treatment had failed. From this experience he had been led to conclude that the primary causes of this particular variety of colitis belongs in the main, if not exclusively, to a special, class, viz., those which act mechanically. Most noteworthy in the list of such causes are enteroptosis, right movable kidney, peritoneal adhesions and extra-intestinal growths which occasion continuous pressure upon some portion of the colon. He then discussed each of these causes in detail and supported his argument by the enumeration of well-illustrated cases.

Necessity for Routine Examination of the Rectum in Intestinal Diseases. — Dwight Henderson Murray, M. D., Syracuse, N.Y. —Dr. Murray's paper was one of special interest to the general practitioner and emphasized the necessity for rectal and colonic examinations in all cases of protracted diseases of the digestive tract, whether special symptoms are directed to the rectum and colon or not. In many cases of gastro-intestinal disturbances the real cause may be found in the rectum or colon, if sought, though the patient gives no symptoms of such rectal trouble. These are amenable to local treatment. A thorough examination including rectal and bacteriological examination of the stools, should be made in every chronic intestinal case before beginning treatment. He advised that physicians should not treat patients who refuse to allow the necessary examination. He reported illustrative cases including so-called intestinal indigestion and dyspepsia, chronic diarrhea, cancer of the sigmoid, and internal hemorrhoids. A case of internal hemorrhoids where the attending physician had entirely neglected to examine the rectum, had been treated by lavage seven months, for so-called dyspepsia and dilation of the stomach without benefit, and was told that a gastro-enterostomy was the only hope of cure. After an operation for radical removal of the internal hemorrhoids he was cured of his dyspepsia. A careful diagnosis would have saved this patient years of suffering. The patient's life in one instance (possibly) and certainly the general reputation of the medical profession in all of the cases would have been better had the patients been carefully examined. This neglect was found to be true not only of the physicians in this country, but of physicians in Europe, who had treated some of the cases in the list reported. The author made a plea not only for local but bacteriological examination, claiming that every case of diarrhea, continuing for a longer time than is sufficient for nature to eliminate the irritating material that may be causing it, is due to a more serious disease. There are many local conditions that cause a chronic diarrhea which would be eliminated by a simple operation or local treatment. When allowed to become chronic while depending upon oral medication, frequently the time when a cure could be affected, had passed, and chronic invalidism or death may result.

(To be continued.)

Away With Carbolic Acid!—For many years carbolic acid has been in the lead as the favorite popular agent for committing suicide. But not only it is responsible for more suicides than any other drug—it is also responsible for more fatal accidents than any other poison; in fact, than all other poisons combined. It is time that this horribly toxic stuff should be discarded from the pharmacopeia, and, what is more important, discarded from all drug stores. This proposition may seem at first strange and odd, but, on analysis, it will be found quite rational. The therapeutic field of carbolic acid is becoming narrower and narrower; internally it is now administered very rarely; as an antiseptic in dilute solutions being responsible for very many cases of gangrene. In concentrated form it coagulates albumen, is extremely toxic and can be replaced with great advantage by many other antiseptics, not less powerful, but much less poisonous. So why continue the employment of such a comparatively worthless, but extremely murderous, drug, which is responsible for so many suicides and fatal accidents, and which is so quickly fatal that all antidotes are practically useless? We are gradually shaking off the barbarous remedies of the past, and one of the first drugs to go for aye and good should be—carbolic acid! (or phenol, or phenic acid); a rose by any other name smells as sweet, and a change in the name of carbolic acid does not take away from its poisonness, nor add anything to its limited therapeutic properties. Away with it!—Critic and Guide.

TO THE FRONT SAINT LOUIS

THE MEDICAL FORTNIGHTLY

A Cosmopolitan Biweekly for the General Practitioner

The Medical Fortnightly is devoted to the progress of the Practice and Science of Medicine and Surgery. Its aim is to present topics of interest and importance to physicians, and to this end, in addition to a well-selected corps of Department Editors, it has secured correspondents in the leading medical centers of Europe and America. Contributions of a scentific nature, and original in character, solicited. News of Societies, and of interesting medical topics, cordially invited.

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Contributors should understand that corrected typewritten copy is essential to clean proof and prompt publication, and is much more satisfactory than manuscript. Original articles should be as condensed as justice to the subject will allow.

Editorial offices in St. Louis and St. Joseph, where specimen copies may be obtained, and subscriptions will be received.

Contributions and books for review should be addressed to the Managing Editor, 319 and 320 Century Building, St. Louis, Mo.

MEDICAL MISCELLANY

Local anesthesia is produced, first, by direct injection into the nerve periphery (bulb) destroying its receptive power; second, by direct injection or pressure in the nerve cord destroying its conducting power; third, circulation changes (anemia, hyperemia).—Byron Robinson.

The New Game Law for Missouri has been published in pamphlet form and can be obtained by addressing the state game and fish commissioner, Jesse A. Tolerton, Jefferson City. The law became effective August 15, 1909. Physicians who enjoy hunting or fishing should post themselves in regard to the new regulations.

The Food Value of Eggs is not appreciated to the extent which it should be. They are valuable in health as well as in disease and the raw or slightly cooked egg is more readily absorbed than hard boiled or well fried eggs. Eggs stand well on the list of food which are easily digested and high in food value and the extent to which they are absorbed.

The Outbreak of Pellagra in Illinois.—It is reported that about seventy-five cases of pellagra were found among the 2,200 inmates of the Peoria State Hospital, as a result of the investigation made by Dr. James A. Egan, secretary of the State Board of Health, in connection with Captain Jospeh F. Siler, of the Medical Corps of the United States Army, who was detailed by the War Department to make a study of the disease. It is said that this is the first outbreak of pellagra in the United States north of Mason and Dixon's line, and owing to the serious nature of the disease, and the fact that it may become epidemic, the Illinois State Board of Health is putting forth every effort to ascertain its cause. Dr. W. H. Buhlig, professor of clinical pathology at the Northwestern University Medical School, and an expert bacteriologist, is at the institution at present doing some experimental work, and it is probable that a bacteriologist will be detailed by the surgeon-general of the Army to take up investigations at Peoria. Captain Siler has reported to the Department that he will stay several weeks longer to study the disease.

The Remsen Referee Board Sustained in the Sodium Benzoate Matter.—At the annual meeting of the Association of State and National Pure Food and Dairy Departments, held in Denver during the last week of August, resolutions were adopted endorsing the report of the referee board of scientific examiners, ordinarily known as the Remsen Board, which was appointd by the Secretary of Agriculture to investigate the effect of sodium benzoate. The report, which was published some time ago, affirmed that sodium benzoate administered in doses up to four grammes a day was without deleterious effect on the human system. The resolutions were bitterly fought by Dr. C. A. L. Reed, of Cincinnati, and by many who supported Dr. H.W.Wiley in his contention that the substance was not harmless. Nineteen States voted for and fourteen against the resolution, each State having three votes. Dr. Ira A. Remsen, of Baltimore, Dr. Russell H. Chittenden, of New Haven, Dr. J. H. Long, of Chicago, and Dr. Christian H. Herter, of New York, who constitute the Board, were all present and participated in the discussion.

Insomnia.—In cases of insomnia several simple methods are frequently effective. In some cases a warm bath of fifteen minutes, 98 deg. to 100 deg. F., just before retiring, is effective. A drip sheet, i.e., a sheet wrung out in either hot or cold water and wrapped snugly around the patient and followed by rubbing for ten minutes is also useful. The patient is then dried and put to bed.

Non-Operative Treatment of Acute Pelvic Infections. — Dr. T. J. Watkins (Surg., Gynec. and Obstet.) advises the following routine: 1. An ice-bag placed over the lower abdomen. 2. Liquid diet of high nutritive value 3. Saline cathartics and enemas as needed. 4. Codein to relieve pain. 5. Physiologic saline enemata at 110 deg. This treatment is continued and usually not modified as long as the patient continues to improve. When the patient ceases to improve operative treatment is usually indicated. With the exception of the ice-bag this plan is the one adopted by most surgeons, to which is usually added the semi-sitting posture to favor localization.

Actual Cautery in Cancer of the Uterus.—A noteworthy although a somewhat belated tendency to consider favorably the work and results of Byrne, whose record has never been reached by others, is evident in different quarters. Certainly emphasis is being laid generally on the superior efficacy of the cautery over the knife in the removal of uterine cancer by either the abdominal or paravaginal route. The diminished tendency to direct inoculation, the destruction of outlying cancer cells and the greater safety of Byrne's procedure all commend it, while the excellent record in a large number of cases so treated by Byrne himself is at least promising.—Dr. Ella B. Everitt.

Carrot Soup for Infants.—For infants suffering from acute or chronic intestinal disturbances, E. Moro highly recommends a soup prepared as follows: Five hundred grams of carrots are peeled, mashed and boiled out with water, until 375 grams remain. The mass is then rubbed through a very fine sieve and added together with 6 gm. of salt to 1 liter of broth. This soup was given to infants from two weeks to six months old, with the best results. In acute cases, the vomiting and diarrhea will cease in from one to three days and the fever and general symptoms of marasmus will rapidly disappear. In the chronic affection and in infants suffering from atrophy, the result is no less prompt, and a rapid gain in weight can be noted. The stools are soft, very copious, and yellow or reddish-yellow. One of the most pronounced results following feeding with carrot soup is retention of water within the system of the infant.—Muench. Med. Woch.

Forensic and Clinical Aspects of Transitory Frenzy.—Harriet C. B. Alexander of Chicago, Ill. (Med. Rec., Sept. 4, 1909) defines transitory frenzy as an acute frenzy developing suddenly and rapidly, which soon reaches a climax with ungovernable, spontaneous motor impulses, seemingly violent anger, and complete loss of consciousness. It lasts but a short time, ends suddenly, generally in a deep sleep, and leaves no memory of what has happened. There is no pathological cerebral defect. It is not to be considered as an epileptic explosion, since it occurs but once. Interesting clinical examples of this psychosis are given. The forensic status must be determined by the evidence in each individual case. It should not be called cerebral hyperemia. It must be recognized as a plea of defense in all States that admit that irresponsibility exists where freedom of will is impaired. Frenzy of migraine, multiple neuritis, and neuralgia are similar to transitory frenzy. Similar states occur at the menstrual period, in tabes, in heat exhaustion, in drug poisoning, etc. This is a clear psychosis belonging to the group of confusional insanities, with toxemias and exhaustions; it is not psychically or pathologically an anomaly.

Subscription Renewals.—There has been a very generous response to our call for subscription renewals, indicating a tendency on the part of our readers to appreciate the efforts of the editor to make the Fortnightly a readable magazine. But—we regret to say—there are quite a number who have failed as yet to respond, and this may be taken as a gentle reminder that the post-office department now requires that every one who receives a magazine must be a subscriber—that is he must express a desire to receive the magazine, and indicate a willingness to pay for same, either in advance, or at the end of the year. The P.O. department is "no respector of persons," and we must abide its decision. After a reasonable length of time all subscribers names must be dropped from our list who do not sign a request for the journal to be continued to their address. Blanks were mailed to each subscriber recently, and another may be found in this issue that will serve the purpose.

A Delightful Revelation

The value of senna as a laxative is well known to the medical profession, but to the physician accustomed to the ordinary senna preparations, the gentle yet efficient action of the pure laxative principles correctly obtained and scientifically combined with a pleasant aromatic syrup of Californian figs is a delightful revelation, and in order that the name of the laxative combination may be more fully descriptive of it, we have added to the name Syrup of Figs "and Elixir of Senna," so that its full title now is "Syrup of Figs and Elixir of Senna."

It is the same pleasant, gentle laxative, however, which for many years past physicians have entrusted to domestic use because of its non-irritant and non-debilitating character, its wide range of usefulness and its freedom from every objectionable quality. It is well and generally known that the component parts of Syrup of Figs and Elixir of Senna are as follows:

Syrup of Californian Figs..... 75 parts
Aromatic Elixir of Senna (manufactured by our original method, known to the California Fig Syrup Co. only).... 25 parts

Its production satisfied the demand of the profession for an elegant pharmaceutical laxative of agreeable quality and high standard, and it is, therefore, a scientific accomplishment of value, as our method ensures that perfect purity and uniformity of product required by the careful physician. It is a laxative which physicians may sanction for family use because its constituents are known to the profession and the remedy itself proven to be prompt and reliable in its action, acceptable to the taste and never followed by the slightest debilitation.

ITS ETHICAL CHARACTER.

Syrup of Figs and Elixir of Senna is an ethical Proprietary remedy and has been mentioned favorably, as a laxative, in the medical literature of the age, by some of the most eminent living authorities. The method of manufacture is known to us only, but we have always informed the profession fully, as to its component parts. It is therefore not a secret remedy, and we make no empirical claims for it. The value of senna, as a laxative, is too well known to physicians to call for any special comment, but in this scientific age, it is important to get it in its best and most acceptable form and of the choicest quality, which we are enabled to offer in Syrup of Figs and Elixir of Senna, as our facilities and equipment are exceptional and our best efforts devoted to the one purpose.

California Fig Syrup Co.,

Addresses:

Louisville, Ky. San Francisco, Cal. U. S. A. London, Eng. New York, N. Y.

MEDICAL MEMORANDA.

The solubility of Burnham's soluble iodine does not depend on the alcohol present, for it can be added to water in any proportion without precipitation. No potassium or other depressing salt is used in its manufacture. In view of these facts, it has a much wider range of action and can be administered with greater freedom than the iodides.

Chronic Cystitis with Alkaline Urine.—If the urine is alkaline nothing gives so good results in chronic cystitis as benzoic acid, given in capsules of five grains every three hours, in connection with teaspoonful doses of sanmetto. If an antiseptic is desired give salicylic acid internally in five-grain doses, at intervals of from two to four hours, or if contra-indicated, then use boric acid in powder from ten to twenty grains instead.

Johann Hoff's Malt with Iron—(Peptonates of Manganese and Iron)—Its Physiological Effects.—By the lights of modern science we know that the effects of iron on the blood are twofold. (1) Iron vivifies the red cells, being to the hemoglobin what the sun ray is to chlorophyll; (2) or it starts their growth, being to the red cells what the soil is to the seedling. In the first case, it is said to restore; in the second, to regenerate. The whole effect of iron requires the association of manganese in a digestible medium

Treatment of Fistula.—J. D. Albright, M. D., 3228 North Broad St., Philadelphia, in his recent work, entitled "Rectal diseases, Their Diagnosis and Treatment by Ambulant Methods," says, while discussing the treatmeut of anal and rectal fistulae by local application (page 337): "After the induration has softened and the pyogenic membrane cast off, so that the interior seems clean and free from inflammation healing may be stimulated by the application of a silver nitrate solution, 5 per cent, or special protonuclein powder may be dusted along the tract by means of a powder blower. If the internal opening is small, it should be enlarged sufficiently to permit free irrigation through it." Others have found in the treatment of internal hemorrhoids that a solution of protonuclein powder or protonuclein special powder with olive oil injected up the rectum gives great relief and has marked healing powers. About three grains of the powdered protonuclein in a tablespoonful of olive oil is the usual amount used.

The "Personally Conducted" School Girl.—In a recent issue of one of our prominent medical journals appeared an article from the pen of a well known pediatrist, entitled "The Personally Conducted Baby." While the importance of a sedulous and careful attention to the needs of the growing infant cannot be over-estimated, it is equally important that the physical requirements of the adolescent school girl should be carefulty looked after during the impressionable and formative period of life incident to the initiation of the menstrual epoch, "Personally Conducted School Girl" is more likely to successfully weather the stress and strain of the modern educational system than one who is not so carefully guarded. Regularity and system are the essential requisites of success. Hurried and irregular meals, the eating of an undue amount of pickles and condiments, tco frequent indulgence in candies and sweets, should not be allowed. Habitual constipation should not be allowed to contiuue, and sufficient exercise in the open air should be insisted upon. The bedroom window should always be freely opened at night, and late hours and exciting entertainments should be avoided. In spite of all hygienic precautions, however, the school girl is likely to become more or less chlor-anemic. In such cases the irritant forms of iron are worse than useless, because of their disturbing effect upon digestion and their constipating action. pepto-mangan (Gude) is free from these disadvantages and can be given as long as necessary without producing intolerance or gastro-intestinal derangement. Periodcial blood examinations will evidence the prompt and progressive increase of red cells and hemoglobin, and the gradual return of color will show the general improvement of the patient.

MEDICAL SOCIETY CALENDAR.

South Dakota Medical Association.—Annual meeting in Aberdeen, October. Dr. S. A. Brown, president, Sioux Falls; Dr. R. D. Alway, secretary, Aberdeen.

Medical Association of the Southwest.—Annual meeting in San Antonio, Texas, November 9, 10, 11. President, Dr. Jabez N. Jackson Kansas City. Secretary, Dr. F. H. Clark, El Reno, Okla.

Mississippi Valley Medical Society.—Annual meeting in St. Louis, Oct. 12, 13, 14. Dr. Jno. A. Witherspoon, president, Nashville, Tenn.; Dr. H. E. Tuley, secretary, Louisville, Ky.